United States District Court for the Northern District of Georgia Atlanta Division RECEIVED IN CLERK'S OFFICE U.S.D.C. - Newnan

KEVIN P. WEIMER, Clerk By: Deputy Clerk

Constance Glenn

3:23-CV-0066

Plaintiff,

DECS-Carroll CNTY
165 independence Drive
Carroll+Dr. 614 30117
Defendant,

Case 3:23-cv-00066-TCB Document 3 Filed 04/19/23 Page 2 of 5

Mail body: Foodstamp

Complaint

201Hays Mill Road Unit A2 Carrollton, Georgia 30117

Honorable Judges(s) Northern District of Georgia United States District Court 18 Greenville St, Newnan, GA 30263

Dear Honorable Judges (s)

Due to the inconsistency of calculations alterations of specified policies and laws (exact court ordered monthly child support amount) determine to approve foodstamp benefits, lack of official and beneficial foodstamp appendix, disadvantaged term and arrears DCSS monthly payments, inadequate children state support payments for 2 siblings of the same non-custodial parent, lack of DCSS automatic review modification after the non-custodial parent has income and wage, constant limited reduce staffing agency hours able for invasion of privacy by staffing providing check inconsistent stubs for wage gross calculations- failing to use net income (according to 404-805-4670), and violation of DHS Georgia Department of Human Services Division of Family and Children Services Supplement Nutrition Assistance Program-Snap (Food Stamp) IN GEORGIA (Form 47 Rev 04/14), I ask this court for adjustments.

HOW MUCH WILL YOU RECEIVE?

The amount of benefits your household receives depends upon the number of individuals in your food stamp household, the amount of household income and the amount of the deductions used in the budgeting process.

YOU MAY BE ELIGIBLE FOR FOOD STAMPS BENEFITS IF: · · · · · you are a citizen of the United States or have a certain legal alien status you provide all of the required documents as proof of the household's situation you and/or other household members comply with work requirements the household's monthly income does not exceed the income limits based on the number of people who live in the household the rent or mortgage payment, utility bills, and in some cases medical, child care and child support expenses are considered in the eligibility determination process if proof of these expenses are provided.

Food stamps, originally established in the Federal Food Stamp Act of 1964 and overhauled by the Supplemental Nutrition and Assistance Program (SNAP), is the most significant food plan in the United States. It provides food stamps for needy individuals that can be exchanged like money at authorized stores. Food stamps can only be used for food items and for plants and seeds used to grow food. Food stamps cannot be used to purchase nonfood items such as pet food, vitamins, and medicine. SNAP benefits are added monthly on an EBT card that can be refilled monthly. The amount of SNAP benefits depends on a variety of factors including income and dependents. The federal government pays for the amount of the benefit received, while states pay part of the costs of determining eligibility and distributing the benefits. In addition, state public assistance agencies run the program.

Eligibility

Individuals who work for low wages, are unemployed or work part-time, receive public assistance, are elderly or disabled and have a

small income, or are homeless may be eligible for food stamps. Eligibility for the program depends on income, whether dependents are in the household, and the amount of working hours by applicants. The main requirements for SNAP include: having a household income at or below 130% of the federal poverty line: monthly income, after deducting recognized costs like housing, must be below the poverty line; and have assets below \$2,500 in value. These limits are higher for households with elderly or disabled members. Adults can typically receive three months of SNAP benefits unemployed, but adults can continue to receive SNAP benefits when working at least 20 hours a week and remaining below income requirements.

Calculating Benefits

The amount of SNAP benefits requires a bit of calculation that can become complex. Generally, one calculates their SNAP amounts by taking the maximum SNAP amount for their household size and subtracting 30% of their net income. For example, the maximum amount for 1 person in the continental U.S. is \$281 a month. If this person made \$500 a month, their benefits would be \$131 (\$281 - (\$500x.3)). To see the maximum household amounts, click here for the USDA allotment charts. However, this calculation has more to consider:

[PDF]

2023 Poverty Guidelines: 48 Contiguous States (all states ex...

https://aspe.hhs.gov/sites/default/files/documents/1c92a9207f3ed...

2023 Poverty Guidelines: 48 Contiguous States (all states except Alaska and Hawaii)
4 \$7,500 \$15,000 \$22,500 \$30,000 \$37,500 \$39,000 \$39,900 \$40,500 \$41,400 \$45,000 \$52,500 \$54,000 \$55,500 \$60,000
Per Year
contiguous states updated Jan. 2022

130% is at \$39,00. Yet, the state calculated monthly to determine approval or dental of benefits. which are on-going uncertainty and variable changes value changes, I ask the Honorables for formula benefits.

2010 Georgia Code TITLE 49 - SOCIAL SERVICES CHAPTER 4 - PUBLIC ASSISTANCE ARTICLE 1 - GENERAL PROVISIONS

§ 49-4-15 - Fraud in obtaining public assistance, food stamps, or Medicaid; penalties; recovery of overpayments

O.C.G.A. 49-4-15 (2010)

49-4-15. Fraud in obtaining public assistance, food stamps, or Medicaid; penalties; recovery of overpayments

(a) Any person who by means of a false statement, failure to disclose information, or impersonation, or by other fraudulent device, obtains or attempts to obtain, or any person who knowingly or intentionally aids or abets such person in the obtaining or attempting to obtain:

7 U.S. Code § 2014 - Eligible households

(a) Income and other financial resources as substantial limiting factors in obtaining more nutritious diet; recipients under Social Security Act

The T30098798 was the foodstamp application that was denied by Rutledge and also a state representative was spoken with that cause outright denial.

Enclosed: Notice of Decision Application Date: 03/14/2023

Thank you, Constance Glenn

DEPARTMENT OF COMMUNITY HEALTH
DEPARTMENT OF PUBLIC HEALTH
DEPARTMENT OF EARLY CARE AND LEARNING

Worker ID: 413939 Worker Name: A.Rutledge Worker Phone Number: (470) 517-2951

Case Number: 120174814 Client ID: 50109354

NOTICE OF DECISION

000936 CONSTANCE GLENN 201 HAYS MILL RD APT A2 CARROLLTON GA 30117

-00066-TCB

DATE: 03/20/2023

Report Medicaid Fraud: 1-800-533-0686

Dear CONSTANCE GLENN,

We have made a decision on your recent request for benefits.

Supplemental Nutrition Assistance Program (SNAP)



Application Date: 03/14/2023

Benefit Period	Person(s)	Decision	Program Information
03/14/2023 - 04/30/2023	CONSTANCE GLENN ALEXIS THORNTON IMANI THORNTON TERRY GLENN		Program: Food Stamps Reason: Your income exceeds the income limit for this program. Policy: 3400 See SNAP Information section below.

Supplemental Nutrition Assistance Program (SNAP) Information



We have denied your SNAP application received 03/14/2023.

You can read the policy reference online at http://odis.dhs.ga.gov/Main/Default.aspx

If you have been approved for TANF or SSI, please let us know. You may be potentially eligible to receive SNAP benefits. If your circumstances change or have changed, you may reapply at any time.



How do I file a fair hearing?

If you disagree with our decision, please see the last two (2) pages of this form for information on your right to request a fair hearing.

IMPORTANT INFORMATION:

- Policy used to determine your eligibility can be found at http://odis.dhs.ga.gov/General.
- In accordance with Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act (ADA),
 Rev (11/22)
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